

facie case of obviousness, the prior art references, when combined, must teach or suggest *all* the claim limitations.

The presently claimed invention is drawn to a *patient-controlled* medical information system and method. In independent claim 1, the system is patient-controlled due to inclusion of the limitation to "means for *patients to allow* medical provider computers to *access patient-selected portions* of the patient's medical record for viewing and adding to the patient's medical record." In independent claim 19, the method is patient-controlled due to the inclusion of the step of "providing *patients with means to allow* medical provider computers to *access patient-selected portions* of the patient's medical record for viewing and adding to the patient's medical record."

In the Office Action, paragraph 2 states that Evans fails to expressly teach the above-mentioned limitations, and relies upon Moshfeghi et al. as teaching "a system of personalizing hospital's web site regarding access privileges for example, all physicians who treat a patient may see that a patient is undergoing psychiatric treatment, but the details...may be privileged to the attending psychiatrist and patient (see: column 5, lines 27-45). In addition, the patients are able to see their own computer based patient record (CPR) in full detail (see: column 5, line 43). Moshfeghi further teaches that the user privileges are access control rules are patient dependent (see: column 6, lines 61-62)."

Although Moshfeghi et al. teaches access control of patient records via user privileges that are patient-dependent, i.e., access to "VIP" patients records may be further restricted (see: column 5, lines 39-41), nowhere does Moshfeghi et al. teach or fairly suggest having the *patients themselves allow access to patient-selected portions* of their own record. Record access that is patient-dependent is not the same as patient-controlled access to records.

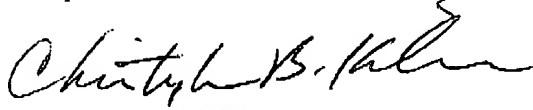
Indeed, Moshfeghi et al. subscribes to the prior art system of having the medical establishment (hospitals and physicians) control access to patient medical records, with the teaching that "[p]atients *should* be able to see their own CPR's [computerized patient records], in full detail" (emphasis added). This statement has no place in a patient-controlled system such as Applicant's.

Because all of the rejections depend on Moshfeghi et al. and neither Moshfeghi et al. nor the other cited art teaches or fairly suggests means for *patients to allow* medical provider computers to access *patient-selected portions* of the patient's medical record, Applicant submits that the presently claimed invention is both novel and non-obvious over the prior art.

Conclusion

For the reasons cited above, Applicants submit that claims 1-46 are in condition for allowance and requests reconsideration of the application. If there remain any issues that may be disposed of via a telephonic interview, the Examiner is kindly invited to contact the undersigned at the local exchange given below.

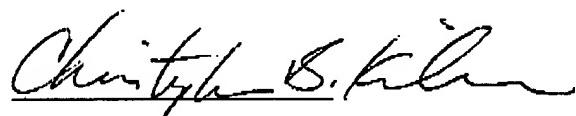
Respectfully submitted,



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CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this reply to the Office Action of August 19, 2002 for the patent application of L. Leonard Hacker for a **PATIENT-CONTROLLED MEDICAL INFORMATION SYSTEM AND METHOD**, Ser. No. 09/525,244, is being transmitted to the United States Patent and Trademark Office on November 19, 2002.



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